

	<p>Policy and Procedures</p> <p>Title: <b>LIVE BIRTH-NEONATAL DEATH: GUIDELINES FOR CARE</b></p> <p>Number: <b>1025</b></p>
<p>Authorization</p> <p>[X] SHR Nursing Practice Committee</p>	<p>Source: Nursing</p> <p>Date Revised: September 2016</p> <p>Date Effective: March 1997</p> <p>Scope: <b>SHR Acute Care</b></p>

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**DEFINITIONS:**

**LIVE BIRTH-NEONATAL DEATH:** Birth of a fetus showing any signs of life (breathing, heartbeat or voluntary muscle movement) regardless of weight or gestational age.

**Note:** Birth of a fetus showing no signs of life at a gestation of pregnancy of 20 completed weeks or more **OR** a weight of 500 grams or more, refer to regional nursing policy Stillbirth: Guidelines of care #1165.

**Note:** For birth of a fetus showing no signs of life, at a gestation of pregnancy less than 20 completed weeks **and** the weight less than 500 grams, refer to regional nursing policy Miscarriage: Guidelines of care #1050.

**1. POLICY**

- 1.1 Healthcare personnel will utilize the guidelines below to assist families experiencing the birth and death of their baby shortly thereafter.
- 1.2 Classification of birth will be made by the MRP attending the birth.
- 1.3 Registration of Live Birth and Registration of Death forms required by eHealth Saskatchewan (Vital Statistics) must be completed within 24 hours of birth by the physician attending the birth. Residents can not complete these forms.
- 1.4 Several burial options will be offered to the family.
- 1.5 Every effort must be made for the family to bond and create memories with the baby during the short time they have together. This facilitates the grieving process and provides comfort in the difficult months to come.

**2. PURPOSE**

- 2.1 To ensure all dying and deceased babies are cared for with compassion and dignity.
- 2.2 To provide guidelines for the physical care of the mother, and emotional care to the entire family experiencing the loss of a baby.

- 2.3 To assist the family in making decisions and arrangements for disposition of their baby.
- 2.4 To properly complete all necessary documentation as required by eHealth Saskatchewan (Vital Statistics).
- 2.5 To ensure the family's requests, based on social, cultural and religious beliefs are respected.

### 3. PROCEDURE:

#### **Care Before Delivery**

- 3.1 Provide appropriate emotional/physical support to the mother and her family.
  - 3.1.1 Provide a private room if possible.
  - 3.1.2 Keep the experience quiet and controlled, reducing the number of personnel involved with the birth.
  - 3.1.3 Have a separate room available for support persons and family to gather.
  - 3.1.4 Encourage any and all support persons to visit and stay with the mother round the clock, per her wishes.
  - 3.1.5 Social work may be consulted at any time as appropriate for assistance and follow-up:  
At RUH, SCH and SPH, Pastoral Care may be consulted at any time as requested by family. A variety of religious and spiritual/cultural options are available through switchboard 24 hours a day.

**Note:** Rural sites contact Pastoral Care per specific site protocol.

- 3.2 Prepare the mother/family for the delivery experience as much as possible beforehand, including
  - Who will be present;
  - Size and condition of baby;
  - Possibility the baby may be born deceased or alive;
  - What to expect physically of labour and delivery.
- 3.3 Discuss the mother/family's wishes as much as possible before delivery occurs. Offer the parents the following options and allow them time alone to discuss and decide. Note that some families may decline these options based on cultural beliefs.
  - Seeing, holding and naming baby;
  - Knowing baby's gender;
  - Blessing of baby or memorial service arrangements (notify Pastoral Care if appropriate);
  - Bathing/dressing baby (supplying their own outfit);
  - Having family/siblings to spend time with the baby;
  - Having pictures taken of the baby/family with baby;
  - Genetic studies (if applicable);
  - Autopsy (discussed with and consent obtained by Physician);
  - Burial and service options. (Appendix B and C)

- 3.4 Analgesia: Ensure saline lock is in place before labour begins
  - 3.4.1 Obtain analgesia orders (IV Fentanyl or PCA)
  - 3.4.2 Many labours can be rapid and births precipitous, leaving no time to obtain orders or analgesia to be effectual.
- 3.5 Bloodwork
  - 3.5.1 Ensure maternal blood group is obtained and documented on the chart.
  - 3.5.2 Rh Immune Globulin (WinRho) will be given to all eligible Rh-negative mothers in specific antenatal circumstances and within 72 hours postpartum, as per SHR nursing policy # 1141, Blood, Blood Components and Plasma Protein Products-Administration of and SHR Regional Policy 7311-50-004 Informed Consent for Blood, Blood Components and Fractionation Products for Transfusion.
  - 3.5.3 The MRP/designate may also order investigations for Intrauterine Fetal Demise (IUFD): TORCH screen.
- 3.6 Locate all the appropriate paperwork
  - 3.6.1 Review all forms. Fill out as much information as possible prior to the birth so more time can be spent with the mother/family following birth.

**Care During/After Delivery**

- 3.7 Ensure white measuring “hat” is in the toilet for all use prior to delivery
  - 3.7.1 Provide teaching to the mother that an urge to have a bowel movement may be an indication that birth is imminent, and do not get up to the bathroom. Rather, call for a nurse.
- 3.8 For the birth to be classified as live birth, the baby must exhibit sign(s) of life at the time of delivery.
  - 3.8.1 These include, but are not limited to: heartbeat, breathing and muscle movements.
  - 3.8.2 The APGARS need to reflect a live birth (i.e. cannot be 0 and 0).
- 3.9 Provide immediate emotional support for the family.
- 3.10 After delivery of the baby, perform BP, P, fundus and flow assessments q 15 min. Notify physician of moderate or large volume of clots/flow, or hemodynamic instability.
- 3.11 Upon delivery of the placenta, perform BP, P, fundus and flow assessments again q 15 min X 4 or until stable.
  - Note the condition of the placenta upon delivery, assessing for completeness or any trailing membranes.
  - Mothers are at high risk of postpartum hemorrhage due to retained products of conception.
  - If the placenta has not delivered within 90 minutes, a new plan needs to be discussed with the MRP.

3.12 The MRP attending the delivery will:

3.12.1 Complete the medical certificate of death form as required by Vital Statistics within 24 hours of the birth.

3.12.2 Order gross examination or autopsy of the body. Obtain autopsy consent from family if deemed applicable and/or per family request.

3.12.3 Order WinRho and obtain blood consent for Rh negative mothers.

3.12.4 Decide whether genetic studies are required (if anomalies are identified). Complete genetics consultation request form as needed.

### **Care Of The Baby**

3.13 The mother and or family may or may not want to see and hold the baby after the birth.

- If they wish to have the baby, allow private time.
- If they do not wish to have the baby, have a separate nurse be assigned to the baby to provide care and attendance, in a separate room, while the baby remains alive.
- Treat the baby with dignity and respect while alive and as he or she passes away.

3.14 The nurse assigned to care for the baby will monitor for time of death, and will pronounce it accordingly, noting the time. Acknowledge the family's loss. The MRP will also be notified.

3.15 Weigh and measure (length) the baby. Document weight in mother's chart,

3.16 Wash off any vernix or blood from the baby.

3.17 Dress the baby (using hospital supply or parents own clothes) and wrap in a blanket.

3.18 Suggest the family take pictures of the baby (using their own camera or smart phone), and/or offer to take pictures of the family with the baby.

3.19 Give the family as much time as they desire with the baby.

3.20 Transporting baby to the morgue (FOR RUH, SPH and SCH only)

3.20.1 Ensure family is finished spending time with the baby

3.20.2 Take 4 of mother's patient labels. Cross off mother's first name, write "baby" on all 4.

3.20.3 Wrap baby in saline dampened blue pad and then a blanket. Place first sticker on blanket.

3.20.4 Place baby in small cardboard box. Place second sticker on top of box.

3.20.5 Complete a surgical pathology requisition and attach a third sticker. If the MRP or the family has requested a gross exam, indicate on the form.

3.20.6 Put the fourth sticker on morgue log book and fill in all areas of this sheet.

3.20.7 Place the body inside the cold room on the shelf marked "For Babies and Fetuses".

3.20.8 Leave the surgical pathology requisition the basket on the desk in the morgue.

3.21 If the healthcare facility does not have a morgue (Rural):

3.21.1 Fill plastic bags with ice, tie securely to avoid leakage, and pack around the baby in a cardboard box.

3.21.2 Store in a secure location with identification paperwork to await pick-up by the funeral home.

### 3.22 Documentation

3.22.1 Form #101152: "Miscarriage, Stillbirth or Neonatal Death Checklist"

- Serves as a guideline of care for the mother and baby.
- Is a permanent record of the nurse's observations and interventions

3.22.2 Registration of live birth form (eHealth Saskatchewan), completed by parents with assistance from the nurse.

- The MRP will be the physician attending the delivery.

3.22.3 The baby will be registered as a patient in the healthcare facility and will be issued a hospital number and patient stickers.

- A separate chart needs to be made for the baby; This need only be a nurse's progress note, indicating time of birth and time of death.

3.22.4 Medical certificate of death (eHealth Saskatchewan) to be completed by the physician attending the delivery.

3.22.5 Form # 102683: "Notice of Death". To be completed by the nurse and faxed to Registration (at applicable sites).

3.22.6 Form #101504: "Release for a Miscarried Fetus, Stillbirth or Deceased Newborn" needs to be signed for all burial options except Option 5 (when the family is transporting the fetus themselves).

3.22.7 Form #102459: "Cremation and Interment Authorization" is to be filled out for burial options 1, 2 and 3.

3.22.8 Surgical Pathology Requisition (no form number): to accompany the baby to the morgue if the family has requested a gross exam of the baby by genetics/pathologist.

3.22.9 Surgical Pathology Requisition (no form number): to accompany the placenta to the department of pathology (if the physician attending the birth chooses to have the placenta examined).

3.22.10 Form #101573: "Consent for Autopsy" is to be filled out by the family and physician if the family desires an autopsy.

- This form will accompany the baby to the morgue (where applicable)

3.22.11 Form #103869TRIAL: "Self Care Information for Mothers II" may be given to the family as a discharge care plan.

3.22.12 Complete the following documentation in the mother's chart

- Delivery note in nursing progress notes with birth time classification and weight;
- Time of delivery of placenta
- Condition of placenta;
- Routine postpartum checks;
- Response to loss.
- Send all completed forms to ER Patient Registration/Admitting (at applicable sites). The body can then be released.

#### 4. REFERENCES

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MISCARRIAGE, STILLBIRTH, OR NEONATAL DEATH CHECKLIST



SASKATOON HEALTH REGION
Saskatoon, Saskatchewan

RUH SCH SPH Other

MISCARRIAGE, STILLBIRTH, OR NEONATAL DEATH CHECKLIST

Page 1 of 2

Miscarriage Stillbirth Live birth-neonatal death

Newborn's Name:

Gender: Male Female Unknown

Date of birth: @ h Date of death: @ h

Gestation: Weight:

Baptism/Blessing: Done Declined Other:

Spiritual Care consult: Yes Declined Other:

Social Work consult: Yes No Date Notified: @ h

Genetics consult: Yes No Date Notified: @ h

Autopsy/Gross exam: Yes No N/A Date completed: @ h

Healthy and Home follow up: Accepted Declined N/A (miscarriage)

Photos taken: By family (own camera) By hospital staff
Photos printed Placed in sealed envelope Given to family

Grief information given: Yes Declined

Maternal blood group: WinRho given: Yes N/A

Date of maternal discharge: Family phone number:

Newborn dressed/wrapped: Yes Labeled: Yes In cardboard box: Yes Labeled: Yes

Burial options: Family chooses one

- 1. Hospital make arrangements (choose one)
a) Cremation and interment in a cemetery shared garden (no charge)
b) Paid individual cemetery plot (cost for plot)
c) Cremation and family pick up remains (no charge)
2. Funeral home of family's choice:
3. No Funeral home: Family to transport body

Nurse Signature: Date:

Checked by: Date:

## MISCARRIAGE, STILLBIRTH, OR NEONATAL DEATH CHECKLIST

Page 2 of 2

**Forms Completed:**

Miscarriage	Stillbirth	Neonatal Death	Sent to
<input type="checkbox"/> Placenta to Pathology with requisition <input type="checkbox"/> N/A	<input type="checkbox"/> Placenta to Pathology with requisition <input type="checkbox"/> N/A	<input type="checkbox"/> Placenta to Pathology with requisition <input type="checkbox"/> N/A	<input type="checkbox"/> Pathology
	<input type="checkbox"/> Registration of Stillbirth E-Health (Vital Stats)	<input type="checkbox"/> Medical Certificate of Death E-Health (Vital Stats)	<input type="checkbox"/> Emergency Reg./Admitting
	<input type="checkbox"/> Autopsy consent <input type="checkbox"/> N/A (Form #101573)	<input type="checkbox"/> Autopsy consent <input type="checkbox"/> N/A (Form #101573)	<input type="checkbox"/> Morgue
<input type="checkbox"/> Gross Exam of newborn requires Surg. Path. Req. ( <input type="checkbox"/> N/A)	<input type="checkbox"/> Gross Exam of newborn requires Surg. Path. Req. ( <input type="checkbox"/> N/A)	<input type="checkbox"/> Gross Exam of newborn requires Surg. Path. Req. ( <input type="checkbox"/> N/A)	<input type="checkbox"/> Morgue
<input type="checkbox"/> Release for a Miscarried Fetus, Stillborn or Deceased Newborn (Form #101504)	<input type="checkbox"/> Release for a Miscarried Fetus, Stillborn or Deceased Newborn (Form #101504)	<input type="checkbox"/> Release for a Miscarried Fetus, Stillborn or Deceased Newborn (Form #101504)	<input type="checkbox"/> Taken to Emerg. Reg./Admitting
<input type="checkbox"/> Cremation & Interment Authorization <input type="checkbox"/> N/A (Form #102459)	<input type="checkbox"/> Cremation & Interment Authorization <input type="checkbox"/> N/A (Form #102459)	<input type="checkbox"/> Cremation & Interment Authorization <input type="checkbox"/> N/A (Form #102459)	<input type="checkbox"/> Taken to Emerg. Reg.
		<input type="checkbox"/> Live birth Reg. (E-Health)	<input type="checkbox"/> Taken to Emerg. Reg./Admitting
<input type="checkbox"/> Notice of Miscarriage or Stillbirth (Form #103347)	<input type="checkbox"/> Notice of Miscarriage or Stillbirth (Form #103347)		<input type="checkbox"/> FAX # 1 to Emergency Reg. <input type="checkbox"/> FAX # 2 to Emergency Reg.
		<input type="checkbox"/> Notice of Death (Form #102683)	<input type="checkbox"/> Emergency Reg./Admitting (FAX) <input type="checkbox"/> White - Newborn's chart <input type="checkbox"/> Carbon - Morgue
<input type="checkbox"/> Self-Care Information for Mothers II (Form #103689)	<input type="checkbox"/> Self-Care Information for Mothers II (Form #103689)	<input type="checkbox"/> Self-Care Information for Mothers II (Form #103689)	<input type="checkbox"/> White - to patient <input type="checkbox"/> Yellow - chart copy
Remember to:			
<input type="checkbox"/> Newborn with I.D. tags x 2	<input type="checkbox"/> Newborn with I.D. tags x 2	<input type="checkbox"/> Newborn with I.D. tags x 2	
<input type="checkbox"/> Morgue Log Book <input type="checkbox"/> N/A	<input type="checkbox"/> Morgue Log Book <input type="checkbox"/> N/A	<input type="checkbox"/> Morgue Log Book <input type="checkbox"/> N/A	
		<b>CREATE NEWBORN CHART:</b> * using newborn's labels <input type="checkbox"/> Nurses Progress Notes (with time of death entered)	
		<input type="checkbox"/> Register as Expired in computer	

RN Signature \_\_\_\_\_

CN Signature \_\_\_\_\_



**BURIAL OPTIONS AND RELEASE OF THE BODY****Option 1: Hospital Directed: Cremation and shared garden (For RUH, SPH and SCH only)**

- A local funeral home will pick up baby, cremate the body and inter the ashes in a shared garden at Woodlawn Cemetery
- There is no cost to the family.
- Family does not have the option to attend the interment of the ashes.
- There is an option to have a memorial monument inscribed with baby's name; this is at the family's expense.
- There is a memorial service provided by a local funeral home for these babies once a year in June. There is no charge; service is widely advertised for all to attend.
- Parents complete Form # 102459 "Cremation and Interment Authorization.
- Parents sign Form # 101504 "Release for A Miscarried Fetus, Stillbirth or Deceased Newborn" form, and a staff person will fax to Emergency Registration.
- Emergency Registration will notify the local funeral home when baby is released from the Department of Pathology (Morgue).

**Option 2: Hospital Directed: Cremation and family pick up remains (For RUH, SPH and SCH only)**

- The local Saskatoon funeral home coordinates the pick-up of the baby and the cremation. There is no cost to the family.
- Emergency Registration will notify the local funeral home when baby is released from the Morgue.
- Cremated remains will be held for the family to pick up.
- The local funeral home will contact the family to make arrangements for pick up.
- The family makes all their own other arrangements (e.g. memorial service, disposition of ashes.) .
- Parents sign Form # 101504 "Release For A Miscarried Fetus, Stillbirth or Deceased Newborn" and a staff person will fax to Emergency Registration.
- Parents complete Form # 102459: "Cremation and Interment Authorization".

**Option 3: Hospital Assisted: Burial/cremation and individual plot (For RUH, SPH and SCH only)**

- The family chooses either burial of the body or cremation and. burial of the ashes in an individual plot at Woodlawn Cemetery
- The local funeral home coordinates the entire process.
- The only cost to the family is a one-time charge for opening/closing the gravesite and ongoing care of the site.
- The family may choose to be present at burial. The funeral home will contact the family to make arrangements.
- The family may choose to have a private memorial service. The funeral home will contact the family to make arrangements.
- Parents sign Form # 101504 "Release For A Miscarried Fetus, Stillbirth or Deceased Newborn" and a staff person will fax to Emergency Registration.
- Parents complete Form # 102459 "Cremation and Interment Authorization".
- Emergency Registration will notify Saskatoon Funeral Home to come pick up the baby when baby is released from the Morgue.

**Option 4: Family Directed: Funeral home of the family's choice**

- The family contacts a funeral home of their choice (See Appendix C). All arrangements are made through this funeral home. All costs are the responsibility of the family.
- Emergency Registration will notify chosen funeral home when baby is released from the morgue.
- Baby will be released by Emergency Registration from the morgue to chosen funeral home; family will work with chosen funeral home for all other arrangements (e.g. memorial service)
- Parents sign Form # 101504 "Release For A Miscarried Fetus, Stillbirth or Deceased Newborn" and a staff person will fax to Emergency Registration.

**Option 5: Family Directed: Family transports baby**

- The family may choose to transport the fetus/products of conception to their home community for burial there.
- Miscarriages are not registered with Vital Statistics and therefore do not need a birth registration or burial permit.
- Social worker can be paged to bring Morgue log book up to unit for parents to sign out baby.
- Family takes remains with them upon discharge.

**Appendix C**

**List of Local Funeral Homes**

Acadia McKague's Funeral Centre  
915 Acadia Dr, Saskatoon, SK S7H 5N4  
306-955-1600

Cherished Memories Funeral Service &  
Crematory Inc.  
591 Centennial Dr N, Martensville, SK S0K  
2T0  
306-242-7888

Dalmeny Funeral Home  
139 3<sup>rd</sup> St. Dalmeny ,SK S0K 1E0  
306-254-2022

Funk's Funeral Home  
1010 7<sup>th</sup> Street, Rosthern, SK  
306-232-5245

Hillcrest Memorial Gardens & Funeral  
Home  
8 St East, 1st right past Briargate Rd,  
Saskatoon, SK S7K 3J8  
306- 477-4400

Kushneryk Funeral Service  
201 1<sup>st</sup> St N, Wakaw, SK  
306-233-4403

Martens Warman Funeral Home Inc  
402 Central St W, Warman, SK  
306-934-4888

Martensville Funeral Services  
306-651-0588

Mourning Glory Funeral Services  
1201 8 St E, Saskatoon, SK S7H 0S5  
306-978-5200

Park Funeral Chapel  
311 3<sup>rd</sup> Avenue N, Saskatoon, SK S7K 2H9  
306-664-0768

Prairie View Chapel & Crematorium  
210A 33<sup>rd</sup> St. E, Saskatoon, SK S7K 0S3  
1-855-274-0314

Saskatoon Funeral Home  
338 4<sup>th</sup> Ave N, Saskatoon, SK S7K 2L7  
306-244-5577

Westwood Funeral & Cremation Services  
1402 20<sup>th</sup> St. W, Saskatoon, SK S7M 0Z4  
306-653-3434